

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

RECEIVE

NOV 14 2017

AT 8:30  
WILLIAM F. WALSH, CLERK

ERIC HINES,  
PLAINTIFF,

V.

GARY M. LANGAN, ET AL

CIV. NO. 1:17-CV-02864-NJH-JS

REQUEST FOR DOCUMENTATION  
TRANSACTION ON 6/8/2017  
OPINION AND REQUEST FOR  
REOPENING COMPLAINT DO TO  
PRISON OFFICIALS HINDRANCE.

ERIC HINES  
\*663508/146993B  
SOUTH WOODS STATE PRISON  
215 BURLINGTON ROAD  
BRIDGETON, NJ 08302  
PLAINTIFF PRO SE

DEAR, CLERK OF COURT,

PLEASE TAKE NOTICE TRANSACTION WAS ENTERED ON  
ON 6/8/2017 AT 1:45 PM EDT, REQUESTING FOR CASE TO BE RE-  
OPENED FOR THE REASONS CONTAINED IN CERTIFICATION AND  
LETTER IN QUESTION. BECAUSE OF KNOW OPINION FORTHCOM-  
ING, THE FIGHT WAS CONTINUED TO OBTAIN DOCUMENTS DE-  
TAILED IN OPINION MAY 5, 2017.

ENCLOSED PLEASE FIND CERTIFICATION AND LETTER  
TRANSCRIBING PRISON OFFICIALS HINDERING FIRST AMENDMENT  
RIGHT TO GOVERNMENT REDRESS, VIOLATING POLICIES & PROCEDURES  
CRUEL AND UNUSUAL PUNISHMENT FOR "HUNGER STRIKE" TO ADDRE-  
SS MISTREATMENT TO INMATE CONFINED TO ADMINISTRATIVE  
CLOSE SUPERVISION UNIT. BECAUSE OF PRISON OFFICIALS DOCU-  
MENTED ABUSE OF POWER, AND DISREGARD FOR THE LAWS GO-  
VERNING DEPARTMENT, AND SEVERAL MONTH OF HINDERING  
I REQUEST CASE BE REOPENED BACK TO DATE OF FILING.

Eric Hines  
11/4/2017

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

ERIC HINES,

PLAINTIFF,

v.

CIV. NO. 1:17-CV-D2864 NJH-JS

CERTIFICATION

GARY M. LANIGAN, ET AL.,

ERIC HINES

#663508/146993B

SOUTH WOODS STATE PRISON

215 BURLINGTON ROAD

BRIDGETON, NJ 08302

PLAINTIFF PRO SE

I, ERIC HINES, OF FULL AGE, PLAINTIFF IN THE ABOVE-CAPTIONED CASE, HEREBY CERTIFY THAT:

(1)

I AM THE ABOVE-NAMED PLAINTIFF, AND I MAKE THIS CERTIFICATION IN RETROSPECT FOLLOWING TRANSACTION THAT WAS ENTERED ON 6/18/2017 AT 1:45 PM EDT AND FILED ON 6/17/2017 REQUESTING CASE BE REOPEN DO TO SOUTH WOODS STATE PRISON PRISON OFFICIAL VIOLATED CONSTITUTIONAL RIGHT TO FIRST AMENDMENT TO GOVERNMENT REDRESS WHICH WASN'T RULED ON, BUT DETAILED HOW I WOULD CONTINUE TO FIGHT TO OBTAIN DOCUMENTS REQUIRED BY THE COURT.

(2)

I AM CURRENTLY PRO SE IN SAID ACTION, PLAINTIFF WILL SPECIFICALLY, DETAIL NAMES AND TITLES OF AUTHORIZED PRISON OFFICIALS WHOM I'VE APPROACHED WITH NUMEROUS REQUEST FOR CERTIFIED COPY OF ACCOUNT STATEMENT FOR SIX MONTH PERIOD

IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT: WHICH DETAILED IN TRANSACTION ON 6/8/2017; THE DATES FOLLOW THIS REQUESTS ARE TRANSCRIBED BELOW; AND REASONS THESE AUTHORIZED PRISON OFFICIALS GAVE ME IN CONNECTION WITH THEIR DECISIONS HINDERING AND DELAYING REQUEST; IGNORING DECLINING REQUEST FOR MONTHS.

(3)

PLEASE TAKE NOTICE: EXHIBIT #A REQUESTED OFFICE OF THE DMBODSMAN "REQUEST FOR ASSISTANCE" WHICH HASN'T BEEN ADDRESSED. EXHIBIT #B - DETAILS SWORN AFFIDAVIT'S FROM SHAEDDENIEL Y. COLEMAN #412764D; TOMMIE DAVIS #680128B; GREGORY FISHER #673754, LEONARD MITCHELL #74337-A AND DWELLS DETAIL A OVERWHELMING PROOF PRISON OFFICIAL INTENTIONALLY HINDER, DENY AND DECLINE GOVERNMENT REDRESS TO INMATE INQUIRY + ADMINISTRATION APPEAL; AND INMATE REMEDY FORM COORDINATOR REFUSAL TO EVEN FILED THEM RETURNING THEM WITH REDIRECTION FORM DETAILING STATEMENT WHICH SHE IS UNAUTHORIZED TO RECOMMEND.

(4)

ON 5-9-2017, AND 5-30-2017 SOCIAL WORKER MS. HILL WAS AGAIN PRESENTED WITH INQUIRY REQUESTING 6 MONTH ACCOUNT STATEMENT AND PRISON OFFICIALS SIGNATURE ON ATTACHED DOCUMENT. WHEN NOTHING HAPPEN SOCIAL WORKER MS. HILL WAS INFORMED BY PLAINTIFF THAT HE WAS GOING ON A HUNGER STRIKE THIS WAS ON 7-8-2017 TO PROTEST PRISON OFFICIALS MISTREATMENT OF PLAINTIFF IN ADMINISTRATIVE CLOSE SUPERVISION UNIT: PRISON OFFICIALS REFUSAL TO ADDRESS CONCERNS INMATE INQUIRY, ADMINISTRATIVE APPEAL, 6 MONTH STATEMENT WITH SIGNED DOCUMENT, AND OTHER CONSTITUTIONAL RIGHTS.

(5)

ON 7-10-2017 N/P ANGELA THOMAS NURSE CAME, INQUIRED WHY I WAS ON HUNGER STRIKE, MISTREATMENT DISPLAYED BY PRISON OFFICIALS AND MEDICAL STAFF I INFORMED HER.



(6)

ON OR ABOUT 11:00AM ON 7-10-2017 ADMINISTRATOR WILLIE BONDS WAS CALLED HE APPEARED ON C-POD, ASKING WHAT IS PROBLEM. BECAUSE HALF OF THE TIER WASN'T EATING. MR. WILLIE APPROACHED MY CELL 1026, ASKING WHY AREN'T YOU EATING. I INFORMED ~~HIM~~ INMATE INQUIRY, ADMINISTRATIVE APPEALS, TITLE II ADA, AND PRISON OFFICIALS ARE REFUSING TO ADDRESS REQUEST FOR SIX MONTH ACCOUNT STATEMENT OR TO SIGN ATTACH DOCUMENT. HE INFORMED ME A HUNGER STRIKE WASN'T NECESSARY, ASKED DID I HAVE INMATE INQUIRY DOCUMENTING MY CONCERNS NOW. I INFORMED HIM THEY HAD BEEN SUBMITTED WITH KNOW REDRESS FORTHCOMING. MR BONDS THEN INSTRUCTED ME TO DOCUMENT GRIEVANCE ON THE PROPER FORM AND HIS EXECUTIVE MS. TORRES WOULD RETURN- AND PICK THEM UP. SO I ATE LUNCH AND WAITED NOTHING HAPPEN EXECUTIVE MS. TORRES NEVER CAME.

(7)

ON 7-13-2017 I DROP A INMATE INQUIRY TO INTERNAL AFFAIR DETAILING ALL COMPLAINTS AND ENCOUNTER WITH ADMINISTRATOR WILLIE BONDS. THE SAME SPECIAL INVESTIGATION DIVISION IN COMPLAINT CAME TO AD-SEG, WAS TAKEN OUT OF CELL, BRUNG TO OTHERSIDE WHERE PETITE THREATEN ME TO STOP CAUSING PROBLEM, OR WERE GOING KNOCK SOME SENSE INTO YOUR HEAD. SO I WENT BACK ON THE HUNGER STRIKE.

(8)

14 DAYS INTO HUNGER STRIKE LT. LAEDONE CAME ASK ARE ON A HUNGER STRIKE "YES" I SAID. HE TOOK NOTICE, AROUND 11:30 OR 11:45AM ADMINISTRATOR WILLIE BONDS AGAIN SHOWED UP AT CELL 1026 I INFORMED HIM NOTHING HE SAID HAPPEN AND WERE WAS EXECUTIVE MS. TORRES AT. HE STATED WHAT'S SO IMPORTANT, I INFORMED HIM OF THE COMPLAINT FILED WITH DISTRICT COURT AND WITH SIX MONTH STATEMENT AND SIGNED DOCUMENT I COULDN'T PROCEED. AND JUDGE IN-

IMPORTANT, I INFORMED HIM OF THE COMPLAINT FILED WITH DISTRICT COURT. BUT PRISON OFFICIALS HAVE REFUSED TO HONOR MY REQUEST FOR SIX MONTH ACCOUNT STATEMENT WITH PRISON OFFICIAL SIGNATURE ON ATTACHED DOCUMENT. DISTRICT COURT JUDGE, MR. HILLMAN HAS STATED IN OPINION WITHOUT DOCUMENT IN QUESTION CIVIL COMPLAINT WOULD BE ADMINISTRATIVELY TERMINATE. HE ASKED AGAIN DID I HAVE THE PROPER GRIEVANCE FILED OUT. I SAID "YES" AND PERSONALLY HANDED ADMINISTRATOR WILLIE BONDS THREE INMATE INQUIRY'S, ONE ADMINISTRATIVE APPEAL. HE AGAIN STATED A HUNGER STRIKE WASN'T NECESSARY I INFORMED HIM NOTHING TRANSPIRED LAST TIME "COMPLIED". SO EATING WAS OUT OF THE QUESTION UNTIL GRIEVANCE WERE ADDRESS THIS WAS ON 7.27.2017

(9)

ON 7.29.2017 LT. CLARK CAME TO CELL 1026 WITH THREE OFFICERS, A SERGEANT INFORMING ME YOUR BEING MOVED TO "EMERGENCY CARE UNIT", PLACED IN PADDED ROOM WITH MATTRESS ON FLOOR. STRIPPED SEARCHED ORDERED TO PUT ON GREEN QUILTED SMOCK TAKEN OUT OF WHEELCHAIR, DEPOSITED ON MATTRESS. LT. CLARK TOLD ME YOU WILL STAY IN HERE UNTIL YOU DECIDE TO EAT. INFORMED HIM OF CIVIL ACTION COMPLAINT'S WITH DISTRICT COURT WHICH NEEDED ADDRESSING, TO NOTIFY THEM OF PRESENT SITUATION. HE STATED ADMINISTRATOR WILLIE BONDS HAD YOU MOVED HERE WITH INSTRUCTION TO DENY YOU ACCESS TO NOTHING PARA-LEGAL, PHONE LEGAL OR OTHERWISED UNTIL YOU EAT. INFORMED HIM THESE ACTIONS WERE VIOLATING MY RIGHTS TO PEACEFULLY HAVE A HUNGER STRIKE WITHOUT BEING PUNISHED. KEPT IN THIS STATE FOR THREE DAYS IN DIAPER + SELF CATH ON CAMERA. DO TO THIS CRUEL AND UNUSUAL PUNISHMENT, I HAD TO EAT ON 8.1.2017

(10)

ON 8.3.2017 DOCUMENTS HANDED TO ADMINISTRATOR WILLIE BONDS WERE RETURNED UNANSWERED PLEASE NOTES THREE REDIRECT-

ION FORMS. T. STANLEY REMEDY FORM COORDINATOR. INFORM-  
ING ME TO ADDRESS MEDICAL CONCERNS TO AREA SGT OR LT. FOR  
ASSISTANCE EXHIBIT #C-1

EXHIBIT #C-2 - WAS INMATE INQUIRY REQUESTING SIX MON-  
TH ACCOUNT STATEMENT, ATTACHED DOCUMENT. PLEASE TAKE  
NOTICE OF T. STANLEY STATEMENT OF LINE 18. HOW MUCH  
CAN ADDRESS REQUEST FOR DOCUMENTS IN QUESTIONED.  
EXHIBIT #C-3 - AS WAS RETURNED ALL WAS RESUBMITTED  
WITH KNOW REDRESS OR CORRESPONDENCE, REDIRECTION  
CONCERNING THE RESUBMITTED DOCUMENTS.

(11)

ONE DOCUMENTED INMATE INQUIRY HANDED TO ADMINISTRATOR  
WILLIE BONDS WAS ANSWERED, WHICH PROVES T. STANLEY WAS  
RECEIVING INQUIRYs. PLEASE NOTE STATEMENT BY ME ON  
LINE ABOVE FOR OFFICIAL USE ONLY AND MEDICAL OM-  
BUDSMAN A. THOMAS.

(12)

EXHIBIT #D REQUEST FOR ACCESS TO ASSISTANCE.

EXHIBIT #E - FEDERAL REGULATIONS RESTRICT HIS OFFICE  
FROM ASSISTING IN NEED. PLEASE ADDRESS THIS  
LAW

EXHIBIT #F - CONCERNING INMATE INQUIRY, WHICH IS  
THE ONLY WAY TO REQUEST DOCUMENTS IN  
QUESTIONED.

EXHIBIT #G - NJDOC INMATE INQUIRY REQUESTING Doc-  
[REDACTED] UMENT IN QUESTION, 8.30.2017

EXHIBIT #H - ANOTHER NJDOC INMATE INQUIRY, COURT & CLERK  
PLEASE NOTICE I PLACED JUDGE NOEL L. HILLMAN,  
U.S. D.J NAME IN DOCUMENT. 10.30.2017

EXHIBIT #I - ON 11/04/2017 I RECEIVED THE SIX MONTH Acc-  
OUNT STATEMENT, WITH OFFICIAL SIGNATURE. IT'S  
WORTH NOTING INQUIRY WASN'T ATTACHED STILL  
VIOLATING POLICIES AND PROCEDURE.

PURSUANT TO 28 U.S.C § 1746, I DECLARE AND VERIFY UNDER PENALTY  
OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE  
FORE GOING IS TRUE AND CORRECT. EXECUTED ON NOV. 6. 2017

Erin Hill



## OFFICE OF THE OMBUDSMAN

New Jersey Department of Corrections  
P. O. Box 863, Trenton, New Jersey 08625



## REQUEST FOR ASSISTANCE FORM

(Please use a separate form for each issue/complaint)

NAME: ERIC HINES SBI # 146993B SP# 663508INSTITUTION: SOUTH WOODS STATE PRISON HOUSING UNIT: ACSV 1026 DATE: 2/20/17

The Office of the Ombudsman provides a concerned medium within which inmates can seek redress for problems and complaints encountered while incarcerated. Our office investigates complaints where the inmate has failed to get satisfactory results through available institutional channels. This office supplements, but does not replace, the Department of Corrections existing inmate Request/Remedy System. Therefore, please be advised that we may request/require that you utilize your correctional facility's Request/Remedy System before assisting you.

## PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE PROCEEDING

1. What correctional facility were you in when the matter you are complaining about occurred? 3 WSP
2. What was the date of the incident? 12/29/16, 1/10/17, 1/19/17, 1/23/17 AND 1/30/17, 2/30/17
3. Have you utilized the correctional facility's "Request/Remedy System" to address your concern? (YES) (NO)
4. Did you receive a response? (If "YES" please attach a copy of their reply.) (YES) (NO)
5. If you did not receive a response, what was the date you filed your complaint at the correctional facility? DETAILED LINE #2

## DESCRIBE YOUR ISSUE OR COMPLAINT (Continue on another sheet of paper, if necessary and/or attach copies of any supporting documentation.)

BECAUSE S.W.S.P MEDICAL DEPT + REMEDY SYSTEM COORDINATOR, HAS REFUSED GOVERNMENT REDRESS. A CERTIFICATION REQUESTING OMBUDSMAN RESPONSE CONSIDER AS FINAL APPEAL BEFORE COURT REDRESS PHONE CALL TO OMBUDSMAN ON 2/16/17 THUS SAID ACTION: 1. W/ JENNIFER FAIRSTEAD, DISCONTINUE PAIN MEDICATION, DUE TO REFUSAL OF SECOND OPERATION, STATING, EITHER GET SECOND OPERATION OR SUFFER IN PAIN (I HAVEN'T TAKEN A SHOWER YET DUE TO PAIN) 2. REFUSING GOVERNMENT REDRESS, INMATE INQUIRE AND ADMIN APPEAL SUBMITTED TO MEDICAL DEPT; 12/29/16 DR. MILLER, 12/29/16 THREATS FROM W/ FAIRSTEAD, 1/10/17 ACSV OFFICER NEVER ESCORTED INMATE TO COCOA CLINIC TO GET MED BOOTS, 1/23/17 HAD CAT SCAN ON 1/19/17 WITH NO CONSULT FOR REASON, 1/30/17, AND AGAIN ON 1/23/17 CHARGED \*5, 2/30/17 CHARGED ANOTHER \*5 I DIDN'T PUT A SHIP IN BUT THEY KEEP CHARGING ME. I HAVE MEDICAL CONTRACT AND WHAT'S HAPPENING IS "THEFT BY DECEPTION" EVERYONE WANTS TO TURN A BLIND EYE AND REFUSE TO INTERVENE, REQUEST A INVESTIGATION AND SAID DOCUMENT WILL BE COPIED TO COURT CLERK AS STATED IN CERTIFICATION.

I AWAIT YOUR RESPONSE TO THESE COMPLAINTS MEDICAL OMBUDSMAN

What do you think should be done to resolve your problem?

To whom it may concern:

My name is Tommie Davis 690571-680128B. The reason I am writing is because, I am in AdSec in South Wood State Prison and being in this AdSec they don't have a Kiosk. The Kiosk is basically the only way I can keep in touch with my family. My family E-mail me asking how I am doing and they say they are worried about me because I haven't responded to any of their text.

How can this be rectified?

Also I put in numerous Inquiry form and Ombudsmans forms and I never get any reply.

Also Commissary only give you what they want to give you not what you or I ordered. - Like 5 or 6 guys ordered sneakers and clothing and they (commissary) never gave it to us and never stated that maybe they were out of stock or whatever reason why we didn't get what we ordered.

Can these issues be looked into?

Also I've been told under they LOA that we should be afforded reading material. There is none available here.

Thank You

Tommie Davis



UNITED STATES  
SOUTH WOODS STATE PRISON  
215 SOUTH BURLINGTON ROAD  
BRIDGETON NEW JERSEY 08302

6/19/2017

DEAR HONORABLE JUDGE JOSE L. LINARES,

AT MY NAME IS SHAEDDENZEL Y. COLEMAN. I'VE BEEN HAVING THE SAME PROBLEMS JUST LIKE MICHAEL HENRY, GARY. OTHER INMATES AND MYSELF HAVE BEEN PUTTING IN REMEDYS AND/OR INQUIRY FORMS AND HAVE YET RECEIVED RESPONSES. I BELIEVE THAT IT'S VERY ODD. JUST AS WELL I SEE THAT AT EVERY OTHER ADSEC OR PRISON FACILITIES HAVE J-PAY KIOSK MACHINES AND THERE ISN'T ONE PRESENT HERE. ALSO STRANGE BECAUSE THAT MACHINE IS HOW MOST INMATES INCLUDING MYSELF REACH OUT TO OUR LOVED ONES WRITE ADMINISTRATION, CLASSIFICATION, MEDICAL ETC. IF YOU'VE HAD AN ISSUE HERE WITH A SCO. OR STAFF MEMBER YOU CAN'T WRITE IT UP ON AN REMEDY AND/OR INQUIRY FORM BECAUSE THE INDIVIDUALS YOUR WRITING UP SCO. OR STAFF ENTERS YOUR UNIT AND INTERCEPTS OUR WRITE UPS. THEN THEY TELL US ABOUT WHAT THEY'VE DONE WITH IT, OR WHY IT HASN'T BEEN ANSWERED. AND THEN THEY TELL US THAT EITHER PUT TOO MUCH ON IT, HENCE JUST LETTING US KNOW THAT THEY KNOW WHAT WE'RE INQUIRING ABOUT. THAT'S NOT PROPER PROCEDURE NOR PROTOCOL. WE NEED HELP IN RESOLVING THESE MATTERS. AT HAND AND WILL APPRECIATED IN ADVANCE FOR YOUR TIME, PATIENCE, AND FURTHER HELP ABATING OUR CONCERNS. THANK YOU AGAIN.

VERY TRULY YOURS,

SHAEDDENZEL Y. COLEMAN

*S Coleman* @ 4127640/10834133

EXHIBIT #B-3

GREGORY FISHER #673754/364819-B  
South Woods State Prison  
215 Burlington Rd.  
Bridgeton, NJ 08302

June 20, 2017

Honorable Judge  
Jose L. LINARES  
United State District Court  
Camden, NJ 08101

RE: ERIC HINES VS. GARY N. LANIGAN.

Dear Judge LINARES,

I Gregory Fisher, Am A inmate At South Woods State Prison Administrative Segregation unit like 19 other inmates who are being mistreated and discriminated Against by the Department of Correction. Here At this facility none of our inquiries or grievances are being process.

Therefore, we can never ~~start~~ the chain of event by exhausting our remedies because the system is failing the inmates here At S.W.S.P. Administrative Segregation unit, None of the remedy forms, inquiry forms, and/or grievance forms are being answer by the designated official.

Also, in the inmate Revised January 2017, handbook for S.W.S.P. Population and Administrative Segregation state on Pg(11) Administrator's message: "Every inmate will be given fair and impartial treatment..." Where is the fair and impartial treatment when every Ad-Seg Facility around the state of N.J. have a Kiosh machine Available to remedy issues. New Jersey D.O.C is deliberately discriminating Against  
Respectfully Yours

EXHIBIT #B4

Leonard Mitchell  
 #412589-74337A  
 S.W.S.P., C-Pad-1028-C  
 215 Burlington Rd. S.  
 Bridgeton, N.J. 08302

June 21, 2017

Dear Judge

My name is Leonard Mitchell and presently I am being housed in the Ad. Seg. Unit here at South Woods State Prison.

The purpose of this letter is to try to correct some wrongs that is being done to us (me) prisoners back here in this lock-down unit. Listed below is a number of issues that need to be address:

- ① ~~Inmate~~ Inmate Remedy Forms: Our remedies are being toss into the waste basket by the C.O. that pick the up on the Second shift.
- ② Kiosk: Every Ad. Seg. Unit in the New Jersey D.O.C. has an Kiosk except this Prison's Ad. Seg., the Kiosk is the only way we can safely file our remedies.
- ③ Showers: Shower are arbitrarily being taken from us.
- ④ Canteen: Level One inmates are allowed one \$15.00 ~~store~~ store per month, again slip are being toss into waste basket.

Thank you for your time and whatever assistance you may render in this matter. Sincerely, Leonard Mitchell



EXHIBIT #B-5

% Plaintiff - Eric Hines, #663508/146993-B ("SWSP")  
South Woods State Prison ("SWSP")  
215 Burlington Road South  
Bridgeton, NJ 08302

June 26, 2017

Hon. Jose Lieares, U.S.D.J.  
Camden District Court  
P.O. Box 2797  
Camden, NJ 08101

RE: Eric Hines v. Gary M. Larrison, et al.,  
Civil Action No.

Dear Judge Lieares:

The nature of this correspondence is in regards to the above referenced matter that deals with discrimination and a deprivation of my civil rights under U.S.C.A. at SWSP.

There is no reliable "Remedy System" at SWSP ADSEB, because 'Inquiry Forms' and 'Grievances' are "screened" by custody staff before the Social Worker submits the forms in the "Remedy Box." Therefore, any 'Inquiry Form', or 'Grievance' unfavorable to custody staff, or "SWSP" are disposed of. Between 2016-2017, I submitted approx. ten (10) 'Inquiry Forms' with no response! Clearly, a Due Process violation.

In addition, there is no "Kiosk Machine", which, in-part, is an electronic "Remedy System." However, every other ADSEB in NJDOCs, but, "SWSP" has one. This is not only discrimination, but, also, a Due Process violation ("Remedy System").

Furthermore, there is only one (1) ADA-accessible cell, which, is located in Detention at SWSP. However, SWSP ADSEB has "no" ADA-accessible/wheelchair cells. Therefore, "physically disabled" prisoners in wheelchairs are "discriminated against" in violation of Title II of ADA of 1990, such as me.

Thank you for your time and consideration in this matter.

Respectfully Submitted,



EXHIBIT # C-1

Form: IRSF-103

F.J.A.C. 10A:1-4

**NEW JERSEY DEPARTMENT OF CORRECTIONS  
INMATE REMEDY SYSTEM  
REDIRECTION FORM**

Revised 4/2014

INMATE'S NAME: Eric HinesSBI#: 146993BLocation/Housing Unit: [REDACTED]

**The below corrective information should be used and followed when submitting for information to Institutional staff on a first time basis. Please take the action noted next to the letter X.**

1. ☒ You must complete the following form marked below and place it into the correct box or send by Truck Mail.

☐ Education/Law Library Form and Box.

☐ Office of the Ombudsman, Request Form and Box.

☐ DOC Government Records Request Form (OPRA)

☐ NJDOC Inquiry Form

☒ DOC, Health Services Request Form and Box (MR-007)

☐ I/M Claim for Lost, Damage Prop (Form 943-1)

☐ Request for copies of Medical/Dental Records (MR 022, 301-XII)

2. ☐ You must submit a NJDOC Job Change Form. Once you have completed the form, it must be handed in to your detail supervisor.

Only the detail supervisor can turn your request into Classification; OR A Staff member must submit a staff referral. The staff member must deliver the referral to the appropriate department. ONLY staff members can follow-up on completed forms.

3. ☐ Please see your Unit Social Worker to complete the appropriate forms for programs, other related services, and information to include but not be limited to: Social Security Card, Birth Certificate, ISP, Cage Your Rage, STARS, SEALL, HOPE and Thinking for a Change.

4. ☐ The form you submitted did not contain SPECIFIC information. Please add additional information and resubmit.

5. ☒ Your Inmate Grievance Form/ Inmate Inquiry form contained more than one (1) question, which cannot be handled on the same form. Please familiarize yourself with information on the Remedy System that is listed in the Inmate Handbook and resubmit another Inmate Grievance Form/ Inmate Inquiry Form.

6. ☐ Your Inmate Grievance Form/ Inmate Inquiry Form was deposited into the \_\_\_\_\_ Box. Please place your Inmate Grievance Form/ Inmate Inquiry Form into the Box Marked "Inmate Remedy System".

7. ☐ To process, correct or update the NJDOC Telephone IPIN system you need to follow the below process: (Up to 30 days to process forms)

☐ NJDOC IPIN Assignments UPDATES will be completed on a quarterly basis within your current facility.

☐ Telephone System Discrepancy form can be completed at any time, please return/deposit into the \_\_\_\_\_.

8. ☐ The information that you submitted must be placed on the Inmate Inquiry Form or Inmate Grievance Form and placed into the Inmate Remedy System Box. This will ensure proper tracking of your request.

9. ☐ You submitted the attached letter, form or application into the Inmate Remedy System Box. That box is for the Inmate Remedy System Forms (Inmate Grievance Forms/ Inmate Inquiry Forms) only. Please place the letter, form or application into the US Mailbox or \_\_\_\_\_.

10. ☐ You cannot use Inmate Inquiry Forms/ Inmate Grievance Form for DOC disciplinary charges or DOC disciplinary charge appeals.

11. ☐ You submitted your request to the person or department not authorized to handle the Inmate Grievance Forms/ Inmate Inquiry Forms. The form must be placed into the Inmate Remedy System Box in order to be processed correctly.

12. ☐ Your request for Face Sheets, Progress Notes, and Psychological or Medical evaluations cannot be processed. That information is provided or conducted during specific times during your incarceration.

13. ☐ Your request for an updated adjusted Max Date and/or Parole Eligibility Date (PED) is being returned because that information is now provided on a monthly basis on your Inmate Trust Account Statement for **informational purposes only**. If you feel your max and/or parole information is in error, justify the error and submit another Inmate Inquiry Form. It should also be noted that your work & minimum credits DO NOT get updated at the same time as your Inmate Pay.

14. ☐ You cannot write or mark in the shaded area of the Inmate Inquiry Form or Inmate Grievance Form.

15. ☐ Your form is a follow-up question or Appeal to a previous submitted Inmate Grievance Form. You must re-submit your answered form, within 10 days of receipt, with additional information, within Part 4 and place it into the Inmate Remedy System Box for further processing.

16. ☐ This is a duplicate request that is not permitted. Staff is granted up-to a 30-day response time for Inmate Grievance Forms and 15 days for Inmate Inquiry Forms.

17. ☐ The facility uses an approved Institutional/Department form to handle this matter. The form is \_\_\_\_\_

and the form can be received from your \_\_\_\_\_

18. ☒ Other

See your AREA Sgt. or Lt. for



EXHIBIT #C-2

Form: IRSF-103

N.J.A.C. 10A:1-4

**NEW JERSEY DEPARTMENT OF CORRECTIONS  
INMATE REMEDY SYSTEM  
REDIRECTION FORM**

Revised 4/2014

INMATE'S NAME: Eric Hines  
Location/Housing Unit: RHU

SBI#: 146993B

**The below corrective information should be used and followed when submitting for information to Institutional staff on a first time basis. Please take the action noted next to the letter X.**

1. ☐ You must complete the following form marked below and place it into the correct box or send by Truck Mail.
 

<input type="checkbox"/> Education/Law Library Form and Box.	<input type="checkbox"/> DOC, Health Services Request Form and Box (MR-007)
<input type="checkbox"/> Office of the Ombudsman, Request Form and Box.	<input type="checkbox"/> I/M Claim for Lost, Damage Prop (Form 943-1)
<input type="checkbox"/> DOC Government Records Request Form (OPRA)	<input type="checkbox"/> Request for copies of Medical/Dental Records (MR 022, 301-XII)
<input type="checkbox"/> NJDOC Inquiry Form	
2. ☐ You must submit a NJDOC Job Change Form. Once you have completed the form, it must be handed in to your detail supervisor. Only the detail supervisor can turn your request into Classification; OR A Staff member must submit a staff referral. The staff member must deliver the referral to the appropriate department. ONLY staff members can follow-up on completed forms.
3. ☐ Please see your Unit Social Worker to complete the appropriate forms for programs, other related services, and information to include but not be limited to: Social Security Card, Birth Certificate, ISP, Cage Your Rage, STARS, SEALL, HOPE and Thinking for a Change.
4. ☒ The form you submitted did not contain **SPECIFIC** information. Please add additional information and resubmit.
5. ☐ Your Inmate Grievance Form/ Inmate Inquiry form contained more than one (1) question, which cannot be handled on the same form. Please familiarize yourself with information on the Remedy System that is listed in the Inmate Handbook and resubmit another Inmate Grievance Form/ Inmate Inquiry Form.
6. ☐ Your Inmate Grievance Form/ Inmate Inquiry Form was deposited into the \_\_\_\_\_ Box. Please place your Inmate Grievance Form/ Inmate Inquiry Form into the Box Marked "Inmate Remedy System".
7. ☐ To process, correct or update the NJDOC Telephone IPIN system you need to follow the below process: (Up to 30 days to process forms)
  - ☐ NJDOC IPIN Assignments UPDATES will be completed on a quarterly basis within your current facility.
  - ☐ Telephone System Discrepancy form can be completed at any time, please return/deposit into the \_\_\_\_\_.
8. ☐ The information that you submitted must be placed on the **Inmate Inquiry Form or Inmate Grievance Form** and placed into the **Inmate Remedy System Box**. This will ensure proper tracking of your request.
9. ☐ You submitted the attached letter, form or application into the Inmate Remedy System Box. That box is for the Inmate Remedy System Forms (Inmate Grievance Forms/ Inmate Inquiry Forms) only. Please place the letter, form or application into the US Mailbox or \_\_\_\_\_.
10. ☐ You cannot use Inmate Inquiry Forms/ Inmate Grievance Form for DOC disciplinary charges or DOC disciplinary charge appeals.
11. ☐ You submitted your request to the person or department not authorized to handle the Inmate Grievance Forms/ Inmate Inquiry Forms. The form must be placed into the **Inmate Remedy System Box** in order to be processed correctly.
12. ☐ Your request for Face Sheets, Progress Notes, and Psychological or Medical evaluations cannot be processed. That information is provided or conducted during specific times during your incarceration.
13. ☐ Your request for an updated adjusted Max Date and/or Parole Eligibility Date (PED) is being returned because that information is now provided on a monthly basis on your Inmate Trust Account Statement for **informational purposes only**. If you feel your max and/or parole information is in error, justify the error and submit another Inmate Inquiry Form. It should also be noted that your work & minimum credits **DO NOT** get updated at the same time as your Inmate Pay.
14. ☐ You cannot write or mark in the shaded area of the Inmate Inquiry Form or Inmate Grievance Form.
15. ☐ Your form is a follow-up question or Appeal to a previous submitted Inmate Grievance Form. You must re-submit your answered form, within 10 days of receipt, with additional information, within Part 4 and place it into the Inmate Remedy System Box for further processing.
16. ☐ This is a duplicate request that is not permitted. Staff is granted up-to a 30-day response time for Inmate Grievance Forms and 15 days for Inmate Inquiry Forms.
17. ☐ The facility uses an approved Institutional/Department form to handle this matter. The form is \_\_\_\_\_ and the form can be received from your \_\_\_\_\_.

18. ☒ Other

Inquiry form(s) are given to the Social Worker



EXHIBIT # C-3

Form: IRSF-103

N.J.A.C. 10A:1-4

**NEW JERSEY DEPARTMENT OF CORRECTIONS**  
**INMATE REMEDY SYSTEM**  
**REDIRECTION FORM**

Revised 4/2014

INMATE'S NAME: Eric Hines  
 Location/Housing Unit: R4U

SBI#: 146993B

**The below corrective information should be used and followed when submitting for information to Institutional staff on a first time basis. Please take the action noted next to the letter X.**

1. ☐ You must complete the following form marked below and place it into the correct box or send by Truck Mail.
 

<input type="checkbox"/> Education/Law Library Form and Box.	<input type="checkbox"/> DOC, Health Services Request Form and Box (MR-007)
<input type="checkbox"/> Office of the Ombudsman, Request Form and Box.	<input type="checkbox"/> I/M Claim for Lost, Damage Prop (Form 943-1)
<input type="checkbox"/> DOC Government Records Request Form (OPRA)	<input type="checkbox"/> Request for copies of Medical/Dental Records (MR 022, 301-XII)
<input type="checkbox"/> NJDOC Inquiry Form	
2. ☐ You must submit a NJDOC Job Change Form. Once you have completed the form, it must be handed in to your detail supervisor. Only the detail supervisor can turn your request into Classification; OR A Staff member must submit a staff referral. The staff member must deliver the referral to the appropriate department. ONLY staff members can follow-up on completed forms.
3. ☐ Please see your Unit Social Worker to complete the appropriate forms for programs, other related services, and information to include but not be limited to: Social Security Card, Birth Certificate, ISP, Cage Your Rage, STARS, SEALL, HOPE and Thinking for a Change.
4. ☒ The form you submitted did not contain **SPECIFIC** information. Please add additional information and resubmit.
5. ☐ Your Inmate Grievance Form/ Inmate Inquiry form contained more than one (1) question, which cannot be handled on the same form. Please familiarize yourself with information on the Remedy System that is listed in the Inmate Handbook and resubmit another Inmate Grievance Form/ Inmate Inquiry Form.
6. ☐ Your Inmate Grievance Form/ Inmate Inquiry Form was deposited into the \_\_\_\_\_ Box. Please place your Inmate Grievance Form/ Inmate Inquiry Form into the Box Marked "Inmate Remedy System".
7. ☐ To process, correct or update the NJDOC Telephone IPIN system you need to follow the below process: (Up to 30 days to process forms)
  - ☐ NJDOC IPIN Assignments UPDATES will be completed on a quarterly basis within your current facility.
  - ☐ Telephone System Discrepancy form can be completed at any time, please return/deposit into the \_\_\_\_\_.
8. ☐ The information that you submitted must be placed on the **Inmate Inquiry Form or Inmate Grievance Form** and placed into the **Inmate Remedy System Box**. This will ensure proper tracking of your request.
9. ☐ You submitted the attached letter, form or application into the Inmate Remedy System Box. That box is for the Inmate Remedy System Forms (Inmate Grievance Forms/ Inmate Inquiry Forms) only. Please place the letter, form or application into the US Mailbox or \_\_\_\_\_.
10. ☐ You cannot use Inmate Inquiry Forms/ Inmate Grievance Form for DOC disciplinary charges or DOC disciplinary charge appeals.
11. ☐ You submitted your request to the person or department not authorized to handle the Inmate Grievance Forms/ Inmate Inquiry Forms. The form must be placed into the **Inmate Remedy System Box** in order to be processed correctly.
12. ☐ Your request for Face Sheets, Progress Notes, and Psychological or Medical evaluations cannot be processed. That information is provided or conducted during specific times during your incarceration.
13. ☐ Your request for an updated adjusted Max Date and/or Parole Eligibility Date (PED) is being returned because that information is now provided on a monthly basis on your Inmate Trust Account Statement for **informational purposes only**. If you feel your max and/or parole information is in error, justify the error and submit another Inmate Inquiry Form. It should also be noted that your work & minimum credits **DO NOT** get updated at the same time as your Inmate Pay.
14. ☐ You cannot write or mark in the shaded area of the Inmate Inquiry Form or Inmate Grievance Form.
15. ☒ Your form is a follow-up question or Appeal to a previous submitted Inmate Grievance Form. You must re-submit your answered form, within 10 days of receipt, with additional information, within Part 4 and place it into the Inmate Remedy System Box for further processing.
16. ☐ This is a duplicate request that is not permitted. Staff is granted up-to a 30-day response time for Inmate Grievance Forms and 15 days for Inmate Inquiry Forms.
17. ☐ The facility uses an approved Institutional/Department form to handle this matter. The form is \_\_\_\_\_ and the form can be received from your \_\_\_\_\_.
18. ☒ Other ???

## NJDOC INMATE INQUIRY FORM

Must Be Placed In The Inmate Remedy System Box

## Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

<b>ADMINISTRATION</b> <input type="checkbox"/> Housing Status <input type="checkbox"/> Program Removal <input type="checkbox"/> Reinstate Contact Visit <b>BUSINESS OFFICE</b> <input type="checkbox"/> Business Remits / Receipts <input type="checkbox"/> Check / Money Order <input type="checkbox"/> Fine Payments <input type="checkbox"/> Refunds <input type="checkbox"/> State Pay <input type="checkbox"/> Statements <b>CLASSIFICATION</b> <input type="checkbox"/> Citizenship <input type="checkbox"/> Detainers / Open Charges <input type="checkbox"/> Institutional Transfer <input type="checkbox"/> Interstate Status <input type="checkbox"/> Job Eligibility <input type="checkbox"/> Problem w/ Sentence Calc. <input type="checkbox"/> Restoration of Comm Time <input type="checkbox"/> SASRC <input type="checkbox"/> Status <input type="checkbox"/> Work Credit <b>CUSTODY</b> <input type="checkbox"/> Cell Moves <input type="checkbox"/> General <input type="checkbox"/> Housing Unit Issues <b>CUSTODY / MAILROOM</b> <input type="checkbox"/> Status on Purchases <input type="checkbox"/> Incoming Mail <input type="checkbox"/> Legal Mail <input type="checkbox"/> Outgoing Mail <b>EDUCATION / LAW LIB</b> <input type="checkbox"/> Certificates <input type="checkbox"/> College Courses / GED / Classes <input type="checkbox"/> Programs <input type="checkbox"/> Legal Call <input type="checkbox"/> Paralegal Assist / Supplies	<b>FOOD SERVICES</b> <input type="checkbox"/> Denied / Not Received Diet <input type="checkbox"/> Food Allergies <input type="checkbox"/> Food Issues / Prep <input type="checkbox"/> Proper Special Diet <b>MEDICAL / MENTAL HEALTH / DENTAL</b> <input checked="" type="checkbox"/> Class Sign-up / Completed Programs <input checked="" type="checkbox"/> Concerns <i>8th AMENDMENT VIOLATION</i> <input type="checkbox"/> Co-Pay Refunds <input type="checkbox"/> Emergencies <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Medical Records <input type="checkbox"/> Medication <input type="checkbox"/> M007 Form <input type="checkbox"/> Referrals <input type="checkbox"/> Dental <b>PAROLE</b> <input type="checkbox"/> Address Change / Parole Plan <input type="checkbox"/> Opt Out of Parole Hearing <input type="checkbox"/> Parole Board Hearings <input type="checkbox"/> PED Calculations <b>RCRP COMM. PROGRAMS</b> <input type="checkbox"/> Denial of Program <input type="checkbox"/> Eligibility Criteria <input type="checkbox"/> Status of Application <b>RELIGIOUS SERVICES</b> <input type="checkbox"/> Certificate Completions <input type="checkbox"/> Religious Classifications <input type="checkbox"/> Religious Diets <input type="checkbox"/> Religious Items <b>SOCIAL SERVICES</b> <input type="checkbox"/> Family Emergency <input type="checkbox"/> Marriage Request <input type="checkbox"/> Program Enrollment / Completion <input type="checkbox"/> Release ID / BC / SSN Card / MVC / Vet Asst. <input type="checkbox"/> Release Planning <input type="checkbox"/> SSI / SSDI / Affordable Healthcare <input type="checkbox"/> TDD <input type="checkbox"/> Others	<b>SID</b> <input type="checkbox"/> K/S <input type="checkbox"/> PC <input type="checkbox"/> STG <input type="checkbox"/> Visitor Ban	<b>VISITS</b> <input type="checkbox"/> Denied Visitors <input type="checkbox"/> Ex-Offender Visits <input type="checkbox"/> Issues at Visits	<b>OSAPAS</b> <input type="checkbox"/> Living in Balance <input type="checkbox"/> N/A and A/A <input type="checkbox"/> Engaging the Family <input type="checkbox"/> RPP
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**THIS SECTION TO BE COMPLETED BY INMATE**  
 Inmate Name: *ERIC HINES* Date: *7/10/2017*  
 State Number: *663508* SBI#: *1469938*  
 Housing Unit: *ACSO C60D 1076* Work Detail Hours: *ACSO*  
 REQUEST: *ON 12-23-2016 NY TENNISER LARESPAD THREATENED AND CARRIED OUT RETALIATORY ACTS BECAUSE I REFUSED SECOND OPERATION. STATING "EITHER HAVE THE SECOND OPERATION OR SUFFER IN PAIN. I'M STOPPING YOUR PAIN FROM EITHER SUFFER OR HAVE THE OPERATION."*  
*ADDRESS REFUSED TO SUBMITTED*  
**FOR OFFICIAL USE ONLY**  
 (PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)  
 Date Received: *7-28-17* # *543023*  
 Staff Receiving Request: \_\_\_\_\_  
**THIS FORM CANNOT BE PROCESSED:**  
 (Usted ha sido citado para entrevista en)  
 You have been scheduled for an interview on: \_\_\_\_\_  
 Check the Daily Appointment Schedule for your name.  
 Staff Response: *See Attached*  
*Ref. #*  
**IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER**  
 (SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)

Page: 1

Ref# 543023	Housing:SWSP-ECU 1-ECU 1-1032	Date Created:07/28/2017
ID#: 000146993B	Name:HINES,ERIC	
Form:Inquiry	Subject:Medical	Description:Concerns/Treatment
Urgent:No	Time left:n/a	Status:Closed

Original Form

7/28/2017 8:13:49 AM (T. Stanley) Wrote

(This grievance was created by T. Stanley, ID# 18567 on behalf of the inmate.)

Communications

7/26/2017 8:13:49 AM (T. Stanley) Wrote

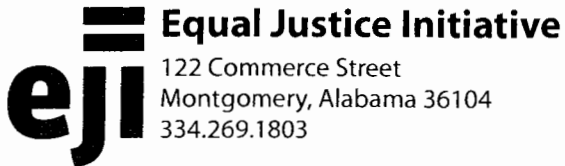
Refused Treatment - See Attached

8/2/2017 9:35:20 AM (Anthony Thomas) Wrote

Your complaint is regarding a statement that you're claiming happened almost 7 months ago? This will be reviewed by medical administration for an action deemed appropriate. If you are currently having problems with pain, submit a sick call slip to be re-evaluated.



EXHIBIT #D



April 24, 2017

Eric Hines, #663508  
South Woods State Prison  
215 Burlington Road  
Bridgeton, New Jersey 8302

Dear Eric Hines:

Thank you for contacting the Equal Justice Initiative (EJI). We get many requests for legal assistance from people who are incarcerated. We have very limited resources and will not be able to provide direct assistance to most people. However, we want you to know that we have received your letter, and if there is anything we can do to provide assistance, we will get in touch with you as soon as we can. **Please do not send additional materials or original documents as we are not able to maintain physical copies of materials we receive. Materials sent to our office will not be maintained or returned.** We regret that our ability to take on new cases is so limited because we recognize that your rights may have been violated and you are dealing with a difficult situation. However, we appreciate your taking the time to contact us and we hope that you find the assistance you need.

Thank you again for your letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Brown', is located below the 'Sincerely,' text.

Eric Brown  
Intake Department

EXHIBIT # E

**Central Jersey  
Legal Services, Inc.**

Middlesex Division  
317 George Street – Suite 201  
New Brunswick, New Jersey 08901-2006



New Brunswick Area (732) 249-7600  
Perth Amboy Area (732) 324-1613

**Deputy Director**

Richard J. Bennett

**Senior Staff Attorneys**

José G. Abreu

Mildred S. Kwozko

Susan McCue

Janice Chapin, Esq.  
**Executive Director**

Fax: (732) 249-7966

TDD: (732) 249-8167

**Pro Bono Coordinator**

Karen Bieniarz

**Paralegals**

Nidia Hernandez

Mariana C. Lebuschka-Ling

Olga Torres

September 19, 2017

Eric Hines  
#663508/146993B  
South Woods State Prison  
215 Burlington Rd.  
Bridgeton, NJ 08302

Re: request for assistance

Dear Hines:

You sent a letter to my office asking for help with regard to the situation that you face concerning the care that you are receiving related to your medical condition. Unfortunately, my office can provide no assistance to you. Central Jersey Legal Services does provide representation to low income individuals in certain kinds of civil matters but Federal regulations restrict my office from providing any representation to those who are incarcerated. However, there is a State Office that takes complaints from inmates related to their conditions of confinement and the medical treatment being received or being denied, and that is the Office of the Corrections Ombudsman, PO Box 855, Trenton, NJ, 08625. The toll free telephone number is 555-555-5555. I suggest you contact that office and hopefully something can be done to improve your situation. I regret we cannot be of any further assistance.

Very truly yours,

Richard J. Bennett

EXHIBIT # F



State of New Jersey  
OFFICE OF THE CORRECTIONS OMBUDSMAN  
WHITTLESEY ROAD  
P.O. Box 855  
TRENTON, NEW JERSEY 08625

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

DAN DIBEN EDETTI  
Corrections Ombudsman

October 2, 2017

Eric Hines, SBI#146993B  
South Woods State Prison  
215 Burlington Road South  
Bridgeton, NJ 08302

Dear Mr. Hines:

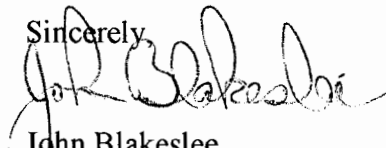
This correspondence will acknowledge your telephone call of September 29, 2017 regarding not having received responses to paper Inquiry forms and your concerns about who to send a property claim to.

Please be advised that your property claim form should be sent to Lt. Hugues, the Property Claim Coordinator at South Woods State Prison. After submitting the form, please allow at least four weeks for the investigation to be completed. If you do not receive a response by then, you should submit an Inquiry to Custody, Attn: Lt. Hugues, and request an update on your claim.

With regard to the paper inquiry forms, please be advised that there is no way for this office to track those forms. Now that you have access to JPay however, I would encourage you to submit an Inquiry to Administration, and report that you did not receive responses. There are two paper Inquiries on your record, which was scanned and replied to on JPay. These responses should have been printed and sent to you via the mail.

I trust that this information has been helpful.

Sincerely,

  
John Blakeslee  
Assistant Ombudsman

c: file



## NJDOC INMATE INQUIRY FORM

EXHIBIT # G

Must Be Placed In The Inmate Remedy System Box

## Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	FOOD SERVICES	SID	VISITS	OSAPAS
<input type="checkbox"/> Housing Status	<input type="checkbox"/> Denied / Not Received Diet	<input type="checkbox"/> K/S	<input type="checkbox"/> Denied Visitors	<input type="checkbox"/> Living in Balance
<input type="checkbox"/> Program Removal	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> PC	<input type="checkbox"/> Ex-Offender Visits	<input type="checkbox"/> N/A and A/A
<input type="checkbox"/> Reinstate Contact Visit	<input type="checkbox"/> Food Issues / Prep	<input type="checkbox"/> STG	<input type="checkbox"/> Issues at Visits	<input type="checkbox"/> Engaging the Family
BUSINESS OFFICE	<input type="checkbox"/> Proper Special Diet	<input type="checkbox"/> Visitor Ban		<input type="checkbox"/> RPP
<input type="checkbox"/> Business Remits / Receipts	MEDICAL / MENTAL HEALTH / DENTAL	<b>THIS SECTION TO BE COMPLETED BY INMATE</b>		
<input type="checkbox"/> Check / Money Order	<input type="checkbox"/> Class Sign-up / Completed Programs	Inmate Name: <u>FRANK HINDS</u> Date: <u>8-30-2017</u>		
<input type="checkbox"/> Fine Payments	<input type="checkbox"/> Concerns	State Number: <u>663508</u> SBI#: <u>146493B</u>		
<input type="checkbox"/> Refunds	<input type="checkbox"/> Co-Pay Refunds	Housing Unit: <u>C-PD 103A</u> Work Detail Hours: <u>AC 10</u>		
<input type="checkbox"/> State Pay	<input type="checkbox"/> Emergencies	REQUEST: <u>THIRD REQUEST FOR SIX MONTH ACCOUNT STATEMENT AND PRISON OFFICIAL SIGNATURE FOR ATTACHED DOCUMENT.</u>		
<input checked="" type="checkbox"/> Statements	<input type="checkbox"/> Eye Glasses	<u>NUMEROUS REQUEST HAVE BEEN IGNORED</u>		
CLASSIFICATION	<input type="checkbox"/> Medical Records			
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Medication			
<input type="checkbox"/> Detainers / Open Charges	<input type="checkbox"/> M007 Form			
<input type="checkbox"/> Institutional Transfer	<input type="checkbox"/> Referrals			
<input type="checkbox"/> Interstate Status	<input type="checkbox"/> Dental			
<input type="checkbox"/> Job Eligibility	PAROLE			
<input type="checkbox"/> Problem w/ Sentence Calc.	<input type="checkbox"/> Address Change / Parole Plan	<b>FOR OFFICIAL USE ONLY</b>		
<input type="checkbox"/> Restoration of Comm Time	<input type="checkbox"/> Opt Out of Parole Hearing	(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)		
<input type="checkbox"/> SASRC	<input type="checkbox"/> Parole Board Hearings	Date Received:		
<input type="checkbox"/> Status	<input type="checkbox"/> PED Calculations	Staff Receiving Request:		
<input type="checkbox"/> Work Credit	RCRP COMM. PROGRAMS	<b>THIS FORM CANNOT BE PROCESSED:</b>		
CUSTODY	<input type="checkbox"/> Denial of Program	(Usted ha sido citado para entrevista en)		
<input type="checkbox"/> Cell Moves	<input type="checkbox"/> Eligibility Criteria	You have been scheduled for an interview on: _____		
<input type="checkbox"/> General	<input type="checkbox"/> Status of Application	Check the Daily Appointment Schedule for your name.		
<input type="checkbox"/> Housing Unit Issues	RELIGIOUS SERVICES	Staff Response:		
CUSTODY / MAILROOM	<input type="checkbox"/> Certificate Completions			
<input type="checkbox"/> Status on Purchases	<input type="checkbox"/> Religious Classifications			
<input type="checkbox"/> Incoming Mail	<input type="checkbox"/> Religious Diets			
<input type="checkbox"/> Legal Mail	<input type="checkbox"/> Religious Items			
<input type="checkbox"/> Outgoing Mail	SOCIAL SERVICES			
EDUCATION / LAW LIB	<input type="checkbox"/> Family Emergency			
<input type="checkbox"/> Certificates	<input type="checkbox"/> Marriage Request			
<input type="checkbox"/> College Courses / GED / Classes	<input type="checkbox"/> Program Enrollment / Completion			
<input type="checkbox"/> Programs	<input type="checkbox"/> Release ID / BC / SSN Card / MVC / Vet Asst.			
<input type="checkbox"/> Legal Call	<input type="checkbox"/> Release Planning			
<input type="checkbox"/> Paralegal Assist / Supplies	<input type="checkbox"/> SSI / SSDI / Affordable Healthcare			
	<input type="checkbox"/> TDD			
	<input type="checkbox"/> Others			
		<b>IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER</b>		
		(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)		

EXHIBIT #1

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

<b>ADMINISTRATION</b>	
<input type="checkbox"/>	Housing Status
<input type="checkbox"/>	Program Removal
<input type="checkbox"/>	Reinstate Contact Visit
<b>BUSINESS OFFICE</b>	
<input type="checkbox"/>	Business Remits / Receipts
<input type="checkbox"/>	Check / Money Order
<input type="checkbox"/>	Fine Payments
<input type="checkbox"/>	Refunds
<input type="checkbox"/>	State Pay
<input checked="" type="checkbox"/>	Statements
<b>CLASSIFICATION</b>	
<input type="checkbox"/>	Citizenship
<input type="checkbox"/>	Detainers / Open Charges
<input type="checkbox"/>	Institutional Transfer
<input type="checkbox"/>	Interstate Status
<input type="checkbox"/>	Job Eligibility
<input type="checkbox"/>	Problem w/ Sentence Calc.
<input type="checkbox"/>	Restoration of Comm Time
<input type="checkbox"/>	SASRC
<input type="checkbox"/>	Status
<input type="checkbox"/>	Work Credit
<b>CUSTODY</b>	
<input type="checkbox"/>	Cell Moves
<input type="checkbox"/>	General
<input type="checkbox"/>	Housing Unit Issues
<b>CUSTODY / MAILROOM</b>	
<input type="checkbox"/>	Status on Purchases
<input type="checkbox"/>	Incoming Mail
<input type="checkbox"/>	Legal Mail
<input type="checkbox"/>	Outgoing Mail
<b>EDUCATION / LAW LIB</b>	
<input type="checkbox"/>	Certificates
<input type="checkbox"/>	College Courses / GED / Classes
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Legal Call
<input type="checkbox"/>	Paralegal Assist / Supplies

<b>FOOD SERVICES</b>	
<input type="checkbox"/>	Denied / Not Received Diet
<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Food Issues / Prep
<input type="checkbox"/>	Proper Special Diet
<b>MEDICAL / MENTAL HEALTH / DENTAL</b>	
<input type="checkbox"/>	Class Sign-up / Completed Programs
<input type="checkbox"/>	Concerns
<input type="checkbox"/>	Co-Pay Refunds
<input type="checkbox"/>	Emergencies
<input type="checkbox"/>	Eye Glasses
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Medication
<input type="checkbox"/>	M007 Form
<input type="checkbox"/>	Referrals
<input type="checkbox"/>	Dental
<b>PAROLE</b>	
<input type="checkbox"/>	Address Change / Parole Plan
<input type="checkbox"/>	Opt Out of Parole Hearing
<input type="checkbox"/>	Parole Board Hearings
<input type="checkbox"/>	PED Calculations
<b>RCRP COMM. PROGRAMS</b>	
<input type="checkbox"/>	Denial of Program
<input type="checkbox"/>	Eligibility Criteria
<input type="checkbox"/>	Status of Application
<b>RELIGIOUS SERVICES</b>	
<input type="checkbox"/>	Certificate Completions
<input type="checkbox"/>	Religious Classifications
<input type="checkbox"/>	Religious Diets
<input type="checkbox"/>	Religious Items
<b>SOCIAL SERVICES</b>	
<input type="checkbox"/>	Family Emergency
<input type="checkbox"/>	Marriage Request
<input type="checkbox"/>	Program Enrollment / Completion
<input type="checkbox"/>	Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/>	Release Planning
<input type="checkbox"/>	SSI / SSDI / Affordable Healthcare
<input type="checkbox"/>	TDD
<input type="checkbox"/>	Others

<b>SID</b>		<b>VISITS</b>		<b>OSAPAS</b>	
<input type="checkbox"/>	K/S	<input type="checkbox"/>	Denied Visitors	<input type="checkbox"/>	Living in Balance
<input type="checkbox"/>	PC	<input type="checkbox"/>	Ex-Offender Visits	<input type="checkbox"/>	N/A and A/A
<input type="checkbox"/>	STG	<input type="checkbox"/>	Issues at Visits	<input type="checkbox"/>	Engaging the Family
<input type="checkbox"/>	Visitor Ban	<input type="checkbox"/>		<input type="checkbox"/>	RPP
<b>THIS SECTION TO BE COMPLETED BY INMATE</b>					
Inmate Name:			Date:		
State Number:		SBI#:			
Housing Unit:		Work Detail Hours:			
REQUEST:					
<b>FOR OFFICIAL USE ONLY</b>					
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)					
Date Received:					
Staff Receiving Request:					
<b>THIS FORM CANNOT BE PROCESSED:</b>					
(Usted ha sido citado para entrevista en)					
You have been scheduled for an interview on: _____					
Check the Daily Appointment Schedule for your name.					
Staff Response:					
<b>IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER</b>					
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)					

COIHUDES

SOUTH WOODS STATE PRISON

OTRTASTA

## TRUST ACCOUNT STATEMENT

STATEMENT DATE: 05/01/2017 - 11/03/2017

SBI #: 000146993B Name: HINES, ERIC DOB: 06/14/1965  
LOCATION: SWSP-ACSU-C POD-1030 C INM# 663508  
PED: 04/14/2027 As of Date: 04/14/2027 Max Date: 04/14/2027

LOCATION	SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
SWSP	2101 SPENDABLE	0.00	0.00	
SWSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
SWSP	2103 RELEASE SAVINGS	0.00	0.00	

## DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
COPL	LEGAL COPY LOAN	05/13/2003 @ BSP	16.49	16.49	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	05/19/2003 @ BSP	4.75	4.75	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	04/17/2003 @ CRAF	22.24	22.24	0.00	ACTIVE
MEDL	MEDICAL LOAN	06/16/2005 @ CRAF	15.00	15.00	0.00	ACTIVE
RXL	PHARMACY LOAN	06/16/2005 @ CRAF	7.00	7.00	0.00	ACTIVE
COL	COMMISSARY LOAN	04/23/2015 @ EJSP	1.99	0.00	1.99	ACTIVE
MEDL	MEDICAL LOAN	12/13/2010 @ EJSP	45.86	40.73	5.13	ACTIVE
RXL	PHARMACY LOAN	12/13/2010 @ EJSP	41.00	29.00	12.00	ACTIVE
DDL	DENTAL LOAN	12/05/2011 @ EJSP	15.00	15.00	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	01/09/2012 @ EJSP	153.33	9.39	143.94	ACTIVE
COPL	LEGAL COPY LOAN	04/04/2012 @ EJSP	169.46	35.38	134.08	ACTIVE
IDL	ID CARD LOAN	10/24/2012 @ EJSP	1.81	0.00	1.81	ACTIVE
MEDL	MEDICAL LOAN	06/21/2006 @ NJSP	5.00	5.00	0.00	ACTIVE
RXL	PHARMACY LOAN	06/21/2006 @ NJSP	1.00	1.00	0.00	ACTIVE
COL	COMMISSARY LOAN	06/30/2005 @ SSCF	23.35	23.35	0.00	ACTIVE
MEDL	MEDICAL LOAN	07/07/2005 @ SSCF	5.00	5.00	0.00	ACTIVE
RXL	PHARMACY LOAN	07/07/2005 @ SSCF	2.00	2.00	0.00	ACTIVE
DDL	DENTAL LOAN	08/01/2016 @ SWSP	5.00	0.00	5.00	ACTIVE
COL	COMMISSARY LOAN	11/29/2006 @ SWSP	16.63	16.63	0.00	ACTIVE
RXL	PHARMACY LOAN	06/12/2007 @ SWSP	56.39	9.39	47.00	ACTIVE
COPL	LEGAL COPY LOAN	06/19/2007 @ SWSP	16.70	3.20	13.50	ACTIVE
MEDL	MEDICAL LOAN	07/12/2007 @ SWSP	98.30	57.87	40.43	ACTIVE
LGLML	LEGAL MAIL LOAN	11/02/2007 @ SWSP	13.16	2.52	10.64	ACTIVE

## OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
TCF	TRANSACTION COLLECTION FEE	06032005 @CRAF		0.00	UNLIMITED	ACTIVE
PLRAS	STATE LITIGATION FILING FEE	A-000446-13T4	5.37	5.37	0.00	ACTIVE
TCF	TRANSACTION COLLECTION FEE	09272010 @EJSP		6.50	UNLIMITED	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	Cam-09-10-03535-i	78.00	78.00	0.00	ACTIVE
CDRC	\$100 CRIMINAL DISP. AND REV. COLLECTION	Cam-09-10-03535-i	6.00	6.00	0.00	ACTIVE
VWAF	\$100 VICTIMS AND WITNESS ADVOCACY FUND	Cam-09-10-03535-i	16.00	16.00	0.00	ACTIVE



11/03/2017 08:29

DEPARTMENT OF CORRECTIONS

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COIHUDES

SOUTH WOODS STATE PRISON

OTRTASTA

## TRUST ACCOUNT STATEMENT

STATEMENT DATE: 05/01/2017 - 11/03/2017

SBI #: 000146993B

Name: HINES, ERIC

DOB: 06/14/1965

LOCATION: SWSP-ACSU-C POD-1030 C

INM# 663508

## OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
VCCBX	>100 VICTIMS OF CRIME COMPENSATION BOARD	Cam-09-10-03535-i	100.00	100.00	0.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	Cam-09-10-03535-i	30.00	30.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	Cam-09-10-03535-i	225.00	0.00	225.00	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	11/23/99 09:03:59 1	66.26	66.26	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	11/23/99 09:04:03 1	150.00	150.00	0.00	ACTIVE
FS	FINE - STATE	11/23/99 09:04:05 1	750.00	0.00	750.00	ACTIVE
CREST	COURT ORDERED RESTITUTION	11/23/99 15:05:57 3	1,229.76	1,229.76	0.00	ACTIVE
OTF	OBLIGATION TRANSACTION FEE	05022000 @NJPA		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	06142006 @NJSP		1.50	UNLIMITED	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	98-10-03861-I	39.00	39.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	98-10-03861-I	3.00	3.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	98-10-03861-I	8.00	8.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	98-10-03861-I	75.00	32.56	42.44	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	98-10-03861-I	30.00	30.00	0.00	ACTIVE
FLF	FORENSIC LAB FEES	98-10-03861-I	50.00	0.00	50.00	ACTIVE
DEDR	DRUG ENFORCEMENT	98-10-03861-I	1,000.00	0.00	1,000.00	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	99-06-01753-I	39.00	39.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	99-06-01753-I	3.00	3.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	99-06-01753-I	8.00	8.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	99-06-01753-I	75.00	0.00	75.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	99-06-01753-I	30.00	30.00	0.00	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	99-08-00585-I	78.00	78.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	99-08-00585-I	6.00	6.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	99-08-00585-I	16.00	16.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	99-08-00585-I	150.00	0.00	150.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	99-08-00585-I	30.00	30.00	0.00	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	99-11-03522-Z	39.00	39.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	99-11-03522-Z	3.00	3.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	99-11-03522-Z	8.00	8.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	99-11-03522-Z	75.00	0.00	75.00	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	04-03-01124-I	39.00	39.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	04-03-01124-I	3.00	3.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	04-03-01124-I	8.00	8.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	04-03-01124-I	75.00	0.00	75.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. &	04-03-01124-I	30.00	30.00	0.00	ACTIVE

COIHUDES

SOUTH WOODS STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 05/01/2017 - 11/03/2017

SBI #: 000146993B

Name: HINES, ERIC

DOB: 06/14/1965

LOCATION: SWSP-ACSU-C POD-1030 C

INM# 663508

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
	EQUIP. FUND					
TCF	TRANSACTION COLLECTION FEE	11172016 @NSP		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	06232005 @SSCF		3.50	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	11272006 @SWSP		26.50	UNLIMITED	ACTIVE

COIHUDES

SOUTH WOODS STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 05/01/2017 - 11/03/2017

SBI #: 000146993B

Name: HINES, ERIC

DOB: 06/14/1965

LOCATION: SWSP-ACSU-C POD-1030 C

INM# 663508

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
			BEGINNING BALANCE:		0.00
05/01/2017	SWSP	COPL	LEGAL COPIES LOAN	3.40	3.40
05/01/2017	SWSP	LC	LEGAL COPIES	(3.40)	0.00
06/02/2017	SWSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:72764852	17.00	17.00
06/02/2017	SWSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	2.00
06/02/2017	SWSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	17.00
06/02/2017	SWSP	DED	DEDUCTION-SNSF-98-10-03861-I D	(1.70)	15.30
06/02/2017	SWSP	DED	DEDUCTION-MEDL-07122007 D	(0.30)	15.00
06/06/2017	SWSP	CRS	COMMISSARY SALE - ORD #8720792CAN1	(14.28)	0.72
06/25/2017	SWSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:73581080	17.00	17.72
06/25/2017	SWSP	DED	DEDUCTION-SNSF-98-10-03861-I D	(1.70)	16.02
06/25/2017	SWSP	DED	DEDUCTION-MEDL-07122007 D	(15.30)	0.72
07/11/2017	SWSP	COPL	LEGAL COPIES LOAN	1.28	2.00
07/11/2017	SWSP	LC	LEGAL COPIES	(2.00)	0.00
07/17/2017	SWSP	RXL	PHARMACY LOAN	6.00	6.00
07/17/2017	SWSP	RX	AUTOPAYMENT: RX 10-JUL-17	(6.00)	0.00
07/18/2017	SWSP	LGLML	LEGAL MAIL LOAN	0.49	0.49
07/18/2017	SWSP	POS	POSTAGE	(0.49)	0.00
07/24/2017	SWSP	MEDL	MEDICAL LOAN	5.00	5.00
07/24/2017	SWSP	MED	AUTOPAYMENT: MED 12-JUL-17	(5.00)	0.00
07/31/2017	SWSP	MEDL	MEDICAL LOAN	5.00	5.00
07/31/2017	SWSP	MED	AUTOPAYMENT: MED 26-JUL-17	(5.00)	0.00
08/01/2017	SWSP	COPL	LEGAL COPIES LOAN	0.50	0.50
08/01/2017	SWSP	LC	LEGAL COPIES	(0.50)	0.00
08/14/2017	SWSP	MEDL	MEDICAL LOAN	5.00	5.00
08/14/2017	SWSP	MED	AUTOPAYMENT: MED 10-AUG-17	(5.00)	0.00
08/14/2017	SWSP	LGLML	LEGAL MAIL LOAN	0.49	0.49
08/14/2017	SWSP	POS	POSTAGE	(0.49)	0.00
08/21/2017	SWSP	COPL	LEGAL COPIES LOAN	0.20	0.20
08/21/2017	SWSP	LC	LEGAL COPIES	(0.20)	0.00
09/01/2017	SWSP	LGLML	LEGAL MAIL LOAN	0.49	0.49
09/01/2017	SWSP	POS	POSTAGE	(0.49)	0.00
09/12/2017	SWSP	LGLML	LEGAL MAIL LOAN	0.49	0.49
09/12/2017	SWSP	POS	POSTAGE	(0.49)	0.00
09/15/2017	SWSP	LGLML	LEGAL MAIL LOAN	0.49	0.49
09/15/2017	SWSP	POS	POSTAGE	(0.49)	0.00
09/20/2017	SWSP	LGLML	LEGAL MAIL LOAN	0.49	0.49
09/20/2017	SWSP	POS	POSTAGE	(0.49)	0.00



COIHUDES

SOUTH WOODS STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 05/01/2017 - 11/03/2017

SBI #: 000146993B

Name: HINES, ERIC

DOB: 06/14/1965

LOCATION: SWSP-ACSU-C POD-1030 C

INM# 663508

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
09/25/2017	SWSP	MEDL	MEDICAL LOAN	1.00	1.00
09/25/2017	SWSP	MED	AUTOPAYMENT: MED 18-SEP-17	(1.00)	0.00
10/09/2017	SWSP	MEDL	MEDICAL LOAN	2.00	2.00
10/09/2017	SWSP	MED	AUTOPAYMENT: MED 06-OCT-17	(2.00)	0.00
10/10/2017	SWSP	COPL	LEGAL COPIES LOAN	0.80	0.80
10/10/2017	SWSP	LC	LEGAL COPIES	(0.80)	0.00
10/17/2017	SWSP	COPL	LEGAL COPIES LOAN	0.60	0.60
10/17/2017	SWSP	LC	LEGAL COPIES	(0.60)	0.00
10/30/2017	SWSP	COPL	LEGAL COPIES LOAN	1.20	1.20
10/30/2017	SWSP	LC	LEGAL COPIES	(1.20)	0.00

TRANSACTION DESCRIPTIONS 2102 WORK RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00

TRANSACTION DESCRIPTIONS 2103 RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00

**SWSP BUSINESS OFFICE**  
**215 BURLINGTON ROAD SOUTH**  
**BRIDGETON, NJ 08302**

(Note to Applicant: Forward a copy of this accounts Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application).

**ACCOUNT CERTIFICATION FORM**

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

11-3-17

(date)



Authorized Officer of Institution

**SUPV. OF ACCOUNTS**

**NOTICE TO PRISON OFFICIALS:** Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915 (b)(2) (April 26, 1996). Pursuant to that statute, once a initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire fee has been paid.

ERIC HINES #663508/146993B  
SOUTH WOODS STATE PRISON  
215 BURLINGTON ROAD SOUTH  
BRIDGETON, NJ 08302

Hasler

11/10/2017

US POSTAGE

FIRST-CLASS

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011D116

CLERK, UNITED STATES DISTRICT COURT  
P.O. Box 2797  
CAMDEN, NJ 08101

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AT 8:30  
WILLIAM T. WALSH CLE